



**Tennessee Department of Agriculture, Regulatory Services, Animal Health
National Animal Identification System
Tennessee Premises Registration**

Premises Account Information:

Please Print Legibly

Landowner(s): _____

(Must have permission from landowner to register his/her premises)

Primary contact (farm operator):* _____
(*if different from landowner) First Name Middle Initial Last Name

Business name/Farm name: _____

Secondary /Additional contact _____
First Name Middle Initial Last Name

Account/Farm mailing address:* _____
(*P. O. Box allowed here)

City: _____ State: _____ Zip: _____ - _____ County: _____

Primary Contact Phone:() _____ () _____ () _____ () _____
Home Office Cell Fax

E-Mail address: _____
(Confirmation of premises registration can be sent to your email address)

Secondary Contact Phone:() _____ () _____ () _____ () _____
Home Office Cell Fax

E-Mail address: _____

If the premises location is different from the address given above, please give that address below. The premises address must be a physical address—NOT A POST OFFICE BOX.

Main Premises Physical Address/Location: _____
(A premises is the location where the animals reside)

City: _____ State: _____ Zip: _____ - _____ County: _____

Please fill out another form if you have additional locations on which animals residing there are managed separately from this premises and not brought together

Please list all farms below where the animals are brought together with those on the main premises

Premises description or business/farm name: _____

GPS Coordinates:* Latitude: _____ Longitude: _____
(*Required if no physical address is given. Please consult your local Farm Service Agency or the Tenn. Dept. of Agriculture.)

Premises Type:* ☐ Producer unit/farm ☐ Clinic ☐ Exhibition ☐ Laboratory
(*check all that apply) ☐ Market/collection point ☐ Non-producer participant ☐ Port of entry
 ☐ Quarantine facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site

Species at Premises:* ☐ Dairy cattle ☐ Beef cattle ☐ Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses
(*check all that apply) ☐ Poultry ☐ Deer or elk ☐ Llama ☐ Emu Other _____

Owner/Owner Representative Signature: _____

Signature authorizes agent to input all available data to acquire a premises number (representative's signature implies owner permission)

Authorized Agent (to be completed by authorized agents only)

Local FSA, list farm numbers that are linked to the main premises: _____

Agent Name: _____ Agent Organization: _____

User ID# _____ Password _____ PIN _____

(Contact information will not be given out by NAIS or TDA without your prior written consent)

Forms may be returned to:

Your local Farm Service Agency Office or
(go to www.fsa.usda.gov/trn/
or check phone directory
for your local listings)
AG - 0616

Tennessee Department of Agriculture
ATTN: Premises Registration
P. O. Box 40627
Nashville, TN 37204
www.state.tn.us/agriculture/tpis

For questions, please contact:

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